

IN THE DISTRICT COURT OF THE UNITED STATES
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

ROBERT ANDREW WERMUTH,
#18991

Plaintiff,

v.

SHANNON CARROL YOUNGBLOOD et
al.,

Defendant.

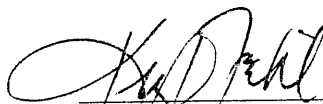
Case No. 2:05-CV-644-C

DEFENDANTS' NOTICE OF COMPLIANCE
WITH COURT ORDER

Defendants, by and through undersigned counsel, submit this Notice of Compliance with the Order of this Court dated September 30, 2005, by providing to Plaintiff the following attached documents:

1. A copy of the incident report relevant to the incident which occurred on September 30, 2003.
2. The medical records of Plaintiff, Robert Andrew Wermuth, and the medical records of Officer Welch relevant to the incident which occurred on September 30, 2003.

Dated this the 19th day of October, 2005.



KIMBERLY O. FEHL (FEH001)
Assistant City Attorney



CITY OF MONTGOMERY

Legal Department

Post Office Box 1111

Montgomery, Alabama 36101-1111

(334) 241-2050

(334) 241-2310 – facsimile

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing was served upon the following by placing a copy thereof in the United States Mail, postage prepaid and properly addressed on this the 19th day of October, 2005:

Robert Andrew Wermuth
ECF# 189991
Dorm 6/B-38
Easterling Correctional Facility
200 Wallace Drive
Clio, Alabama 36017-2615

A handwritten signature in black ink, appearing to read 'Kimberly O. Fehl', is written over a horizontal line.

KIMBERLY O. FEHL

ALABAMA A UNIFORM INCIDENT/OFFENSE REPORT

VICTIM SSN		COMPLAINANT SSN		1 <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT		2 CASE # 025505		3 SFX	
4 ORI # 0 0 3 0 1 0 0		5 DATE AND TIME OF THIS REPORT 0 9 3 0 0 3		6 AGENCY NAME 0505 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM <input checked="" type="checkbox"/> MIL Montgomery Police Department		7 IF SUPPLEMENT ORIGINAL OFFENSE DATE			
8 REPORTED BY <input checked="" type="checkbox"/> VICTIM OR		9 ADDRESS (STREET, CITY, STATE, ZIP)				10 PHONE ()			
VICTIMS MULT. LE. OFFICERS	12 VICTIM (LAST, FIRST, MIDDLE NAME) POF J.C. Welch #361		13 ADDRESS (STREET, CITY, STATE, ZIP) 320 North Ripley Street Montgomery, AL 36104		14 PHONE (334) 241-2932				
	15 EMPLOYER/SCHOOL City of Montgomery		16 OCCUPATION Police Officer		17 ADDRESS (STREET, CITY, STATE, ZIP) 320 North Ripley Street Montgomery, AL 36104		18 PHONE (334) 241-2932		
	19 <input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT		20 INJURY <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		21 RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B		22 SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
23 HGT 6'0 5"		24 WGT 210		25 DOB 1 0 2 0 6 7 Y 1		26 AGE 31		27 WAS OFFENDER KNOWN TO VICTIM? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
28 VICTIM WAS (EXPLAIN RELATIONSHIP)		29 CODE		30 TYPE INCIDENT OR OFFENSE <input checked="" type="checkbox"/> FEL. <input type="checkbox"/> MISD. Attempted Assault		31 DEGREE (CIRCLE) ① 2 3		32 UCR CODE	
33 STATE CODE/LOCAL ORDINANCE		34 TYPE INCIDENT OR OFFENSE <input type="checkbox"/> FEL. <input type="checkbox"/> MISD.		35 DEGREE (CIRCLE) 1 2 3		36 UCR CODE		37 STATE CODE/LOCAL ORDINANCE	
38 PLACE OF OCCURRENCE 565 North Eastern Boulevard Montgomery, AL (Kwik Shop)		39 SECTOR 2 2		40 POINT OF ENTRY <input type="checkbox"/> DOOR <input type="checkbox"/> ROOF <input type="checkbox"/> WINDOW <input type="checkbox"/> OTHER		41 METHOD OF ENTRY <input type="checkbox"/> FORCIBLE <input type="checkbox"/> ATT. FORCIBLE <input type="checkbox"/> NO FORCE		42 ASSAULT <input type="checkbox"/> SIMPLE <input type="checkbox"/> AGGR.	
43 TREATMENT FOR <input type="checkbox"/> Y <input type="checkbox"/> N ASSAULT INJURY <input type="checkbox"/> Y <input type="checkbox"/> N		44 ASSAULT INJURY <input type="checkbox"/> Y <input type="checkbox"/> N		45 OCCURRED ON OR BETWEEN 0 9 3 0 0 3		46 TIME 0 3 5 0		47 LIGHTING <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> MOON <input type="checkbox"/> ART. EXT <input type="checkbox"/> ART. INT <input type="checkbox"/> UNK.	
48 WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> HAIL <input type="checkbox"/> UNK.		49 PREMISE <input type="checkbox"/> HWY.-ST.-ALLEY <input type="checkbox"/> RAILROAD <input type="checkbox"/> RESIDENCE <input type="checkbox"/> CHURCH <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> CONVENIENCE <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> SERVICE STA.		50 CODE		51 VERIFY FOR <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		52 TREAT. FOR <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
53 WEAPON USED <input type="checkbox"/> FIREARM <input type="checkbox"/> KNIFE <input checked="" type="checkbox"/> HANDS, FISTS, VOICE, ETC. <input checked="" type="checkbox"/> OTHER DANGEROUS		54 CIRCUMSTANCES HOMICIDE & ASSAULT		55 CODE		56 DESCRIPTION OF WEAPONS/FIREARMS/TOOLS USED IN OFFENSE		57 HANDGUN <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> UNKNOWN	
58 WEAPON USED <input type="checkbox"/> FIREARM <input type="checkbox"/> KNIFE <input checked="" type="checkbox"/> HANDS, FISTS, VOICE, ETC. <input checked="" type="checkbox"/> OTHER DANGEROUS		59 DESCRIPTION OF WEAPONS/FIREARMS/TOOLS USED IN OFFENSE		60 QUANTITY		61 STOLEN, RECOVERED, LOST, FOUND OR DESTROYED (INCLUDE MAKE, MODEL, SIZE, TYPE, SERIAL NUMBER, COLOR, ETC.)		62 DOLLAR VALUE	
63 DOLLAR VALUE		64 MOTOR VEHICLE		65 CURRENCY, NOTES		66 JEWELRY		67 CLOTHING/FURS	
68 FIREARMS		69 OFFICE EQUIPMENT		70 ELECTRONICS		71 HOUSEHOLD		72 CONSUMABLE GOODS	
73 LIVESTOCK		74 MISCELLANEOUS		75 CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input checked="" type="checkbox"/> SUSPECT'S VEH. <input type="checkbox"/> VICTIM'S VEH. <input type="checkbox"/> UNAUTH. USE <input type="checkbox"/> ABANDONED		76 # STOLEN 3A8297C		77 LIC. AL	
78 LIS. 2003		79 LIY. Red/White		80 TAG COLOR		81 VIN 1 J 4 F T 5 8 L 1 K L 4 5 4 0 4 1		82 VYR 1989	
83 VMA Amer		84 VMO Che		85 VST SU		86 VCO: TOP: Red BOTTOM: Red		87 ADDITIONAL DESCRIPTION	
88 AREA STOLEN <input type="checkbox"/> BUS. <input type="checkbox"/> RES. <input type="checkbox"/> RUR.		89 OWNERSHIP <input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> TITLE <input type="checkbox"/> OTHER		90 WARRANT SIGNED <input type="checkbox"/> YES <input type="checkbox"/> NO #		91 AUTO INSURER NAME (COMPANY) ADDRESS (STREET, CITY, STATE, ZIP)		92 PHONE ()	
93 STOLEN IN YOUR JURISDICTION? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE?		94 RECOVERED IN YOUR JURISDICTION? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE?		MOTOR VEH. RECOVERY ONLY REQUIRED FOR 24xx UCR CODE					

TYPE OR PRINT IN BLACK INK

ACJIC-32 REV 8-02

INCHES

1

2

3

4

5

717

6

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

INCIDENT/OFFENSE REPORT CONTINUED		95 DATE AND TIME OF REPORT 0 M 9 3 P 0 0 Y 3		0505		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <input checked="" type="checkbox"/> MIL		96 CASE # 025505		97 SFX		<input checked="" type="checkbox"/> OFFENDER <input type="checkbox"/> SUSPECT <input type="checkbox"/> MISSING PERSON		<input type="checkbox"/> CHECK IF MULTIPLE			
99 NAME (LAST, FIRST, MIDDLE) Wermuth, Robert						100 NICKNAME/ALIAS				101 RACE <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I		102 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		103 DOB 0 M 9 1 P 3 7 Y 0		104 AGE 33	
106 ADDRESS (STREET, CITY, STATE, ZIP) 948 Garland Drive Montgomery, AL						108 HGT 6'0 3"		107 WGT 170		108 EYE Bro		109 HAIR Blk		110 COMPLEXION Light			
111 PROBABLE DESTINATION M.C.D.F.						112 ARMED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK.				113 WEAPON							
114 CLOTHING Red tee shirt, black jeans						<input type="checkbox"/> SCARS <input type="checkbox"/> MARKS <input type="checkbox"/> TATOOS				115 WEAPON <input checked="" type="checkbox"/> ARRESTED <input type="checkbox"/> WANTED							
116 NAME (LAST, FIRST, MIDDLE)						117 NICKNAME/ALIAS				118 RACE <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I		119 SEX <input type="checkbox"/> M <input type="checkbox"/> F		120 DOB		121 AGE	
122 ADDRESS (STREET, CITY, STATE, ZIP)						123 HGT		124 WGT		125 EYE		126 HAIR		127 COMPLEXION			
128 PROBABLE DESTINATION						129 ARMED <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK.				130 WEAPON							
131 CLOTHING						<input type="checkbox"/> SCARS <input type="checkbox"/> MARKS <input type="checkbox"/> TATOOS				132 WEAPON <input type="checkbox"/> ARRESTED <input type="checkbox"/> WANTED							

WITNESS	133 NAME (LAST, FIRST, MIDDLE) SEX, RACE, DOB				134 ADDRESS (STREET, CITY, STATE, ZIP)				135 RES. PHONE				136 BUS. PHONE			
	#1 SEX <input type="checkbox"/> M <input type="checkbox"/> F RACE <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I M D Y								()				()			
	#2 SEX <input type="checkbox"/> M <input type="checkbox"/> F RACE <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I M D Y								()				()			
	#3 SEX <input type="checkbox"/> M <input type="checkbox"/> F RACE <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I M D Y								()				()			
	#4 SEX <input type="checkbox"/> M <input type="checkbox"/> F RACE <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I M D Y								()				()			

WITNESS #1 SSN				WITNESS #2 SSN				WITNESS #3 SSN				WITNESS #4 SSN			
<div style="display: flex; justify-content: space-between;"> <div style="width: 30px; text-align: center;">NARRATIVE</div> <div> <p>137</p> <p>On the date and time listed, the defendant attempted to cause serious physical injury to the victim.</p> </div> </div>															

CONTINUED ON SUPPLEMENT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N													
ASSISTING AGENCY ORI								ASSISTING AGENCY CASE #				SFX	
I hereby affirm that I have read this report and that all information given by me is correct to the best of my knowledge. I will assume full responsibility for notifying this agency if any stolen property or missing person hereby reported is returned.													
SIGNATURE _____												138 LOCAL USE 12/14/2005 10:00 AM 139 STATE USE	

MULTIPLE CASES CLOSED		140 CASE #		141 SFX		142 CASE #		143 SFX		144 CASE #		145 SFX		146 ADDITIONAL CASES CLOSED NARRATIVE <input type="checkbox"/> Y <input type="checkbox"/> N	
ADMINISTRATION 147 CASE STATUS <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> INACTIVE <input type="checkbox"/> CLOSED ENTERED ACIC/NCIC DATE <input type="checkbox"/> Y <input type="checkbox"/> N		148 CASE DISPOSITION <input type="checkbox"/> CLEARED BY ARREST (JUV.) <input checked="" type="checkbox"/> CLEARED BY ARREST (ADULT) <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ADM. CLEARED <input type="checkbox"/> EXCEPTIONAL CLEARANCE <input type="checkbox"/> SUSPECT/OFFENDER DEAD <input type="checkbox"/> OTHER PROSECUTION <input type="checkbox"/> EXTRADITION DENIED <input type="checkbox"/> LACK OF PROSECUTION <input type="checkbox"/> JUVENILE, NO REFERRAL <input type="checkbox"/> DEATH OF VICTIM				149 REPORTING OFFICER CPL M.D. Hall ID # 413				150 ASSISTING OFFICER ID #					
						151 SUPERVISOR APPROVAL ID #				152 WATCH CMDR. ID #					

ALABAMA U. FORM INCIDENT / OFFENSE REPORT SUPPLEMENT

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

1 ORI# 0 0 3 0 1 0 0		2 AGENCY NAME Montgomery Police Department		3 DATE AND TIME OF REPORT 1 M 1 1 7 0 Y 3 20:30		4 CASE # 0 3 - 0 2 5 5 0 5		5 SFX		
EVENT	6 VICTIMS NAME (ORIGINAL REPORT) POF J.C. Welch #361			7 ORIGINAL OFFENSE DATE 0 M 9 3 0 0 Y 3		8 TYPE REPORT <input type="checkbox"/> CONTINUATION <input checked="" type="checkbox"/> FOLLOW-UP				
	9 ORIGINAL INCIDENT / OFFENSE Attempted Assault 1st			10 UCR CODE		11 STATE CODE / LOCAL ORDINANCE				
	12 NEW INCIDENT / OFFENSE			13 UCR CODE		14 STATE CODE / LOCAL ORDINANCE				
	15 HAS AN ARREST BEEN MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16 DATE OF ARREST 0 M 9 3 0 0 Y 3		17 HAS WARRANT BEEN OBTAINED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WARRANT # 2003F-1640		18 DATE OF WARRANT 0 M 9 3 0 0 Y 3		19 PRIOR PREMISE YEAR WEAPON	
20 <input checked="" type="checkbox"/> DEFENDANT <input type="checkbox"/> SUSPECT NAME: Robert Wermuth					21 <input type="checkbox"/> DEFENDANT <input type="checkbox"/> SUSPECT NAME:					
RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		DOB 0 M 9 1 3 7 Y 0		AGE 33		RACE <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I		
								SEX <input type="checkbox"/> M <input type="checkbox"/> F		
								DOB M D Y		
								AGE		
<p>Show this case cleared by the arrest of black male Robert Wermuth, DOB 9/13/70, of 948 Garland Drive. He was arrested and placed in the Montgomery County Detention Facility.</p>										
<div style="float: right; border: 1px solid black; padding: 2px;"> 22 LOCAL USE U U K 23 STATE USE </div>										
DOLLAR VALUE	24 MOTOR VEHICLE		25 CURRENCY, NOTES		26 JEWELRY		27 CLOTHING / FURS		28 FIREARMS	
	S		S		S		S		S	
	R		R		R		R		R	
	D		D		D		D		D	
C		C		C		C		C		
30 ELECTRONICS		31 HOUSEHOLD		32 CONSUMABLE GOODS		33 LIVESTOCK		34 MISCELLANEOUS		
S		S		S		S		S		
R		R		R		R		R		
D		D		D		D		D		
C		C		C		C		C		
MOTOR VEHICLE RECOVERY ONLY REQUIRED FOR 24xx UCR CODE		35 MOTOR VEH. STOLEN IN YOUR JURISDICTION? <input type="checkbox"/> Yes <input type="checkbox"/> No WHERE?				36 RECOVERED IN YOUR JURISDICTION? <input type="checkbox"/> Yes <input type="checkbox"/> No WHERE?				
MULTIPLE CASES CLOSED		37 CASE #		38 SFX		39 CASE #		40 SFX		
41 CASE #		42 SFX		43 ADDITIONAL CASES CLOSED NARRATIVE <input type="checkbox"/> Y <input type="checkbox"/> N		44 CASE STATUS <input type="checkbox"/> PENDING <input type="checkbox"/> INACTIVE <input checked="" type="checkbox"/> CLOSED ENTERED ACIC / NCIC DATE <input type="checkbox"/> Yes <input type="checkbox"/> No		45 CASE DISPOSITION: <input type="checkbox"/> CLEARED BY ARREST (JUV) <input checked="" type="checkbox"/> CLEARED BY ARREST (ADULT) <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ADM. CLEARED		
								46 REPORTING OFFICER Cpl M.D. Hall ID # 413		
								47 ASSISTING OFFICER ID #		
								48 SUPERVISOR APPROVAL ID # 49 WATCH CMDR. ID #		

TYPE OR PRINT IN BLACK INK ONLY

ACJIC-33 REV. 11-94



Emergency Room
Discharge Instructions

DISCHARGE INSTRUCTIONS - MEDICAL CHART

Weight	Phone	Allergies	Location South	
MEDICINES PRESCRIBED		If non, check this box: <input type="checkbox"/>		VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.
Name/Strength	Number	Schedule / Duration	No Refills	Refills
1. Keflex 500mg	10	TID x 10 days	<input checked="" type="checkbox"/>	
2. Tylenol	10	PRN	<input checked="" type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

INSTRUCTION SHEET(S) GIVEN

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Crutches | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Fever | <input type="checkbox"/> Otitis Media |
| <input type="checkbox"/> Cast / Splint Care | <input type="checkbox"/> Fracture | <input type="checkbox"/> Sprains / Bruises |
| | | <input type="checkbox"/> STD |

- | |
|--|
| <input type="checkbox"/> Threatened Ab |
| <input type="checkbox"/> Vomiting / Diarrhea |
| <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Other(s) |

Return for signs of infection
> Redness
> Swelling
> Drainage
> Heat

Additional Instructions:

1. Follow wound care instructions
2. Wound check in 3 days
3. Take medicine as directed
4. Suture removal in 7 days

Referred to:

☒ Dr. your doctor on ER

Phone: _____

☒ Call on next business day for follow-up appointment

in 2 days/weeks

☐ next available

- ☐ Return to Emergency Dept. in _____ hours / days for recheck
- ☐ If no improvement or your condition worsens, call your private physician or return to the Emergency Department for a recheck.

☐ Learning needs assessed ☐ Instructions Modified: _____

☒ Education provided on new medication keflex, tylenol

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

- ☐ Patient
- ☐ Relative
- ☐ Other

Time Released > 0555 Hrs.

Instructed By:

Physician: ph

WORK/ SCHOOL STATEMENT from the Emergency Department

Patient Name

Date

- | | |
|--|--|
| <input type="checkbox"/> Patient was seen by Dr. | <input type="checkbox"/> May return to restricted duties for _____ days* |
| <input type="checkbox"/> No athletics / physical education: _____ days* | Restrictions: _____ |
| <input type="checkbox"/> May return to work / school without restrictions | |
| <input type="checkbox"/> Will require time off work / school. Estimated time: _____ days* | <input type="checkbox"/> _____ was here with relative/ child. |
| <input type="checkbox"/> Must be reevaluated by family / occupational physician before returning to school / work. | <input type="checkbox"/> Other: _____ |

Time off from School or Work longer than 3 days should be approved by a Personal or Company/ Occupational Medicine Physician, unless otherwise stated.

ROBERT A. WERMUTH

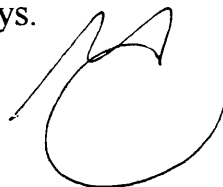
DOB: 09/13/70

09/30/03: City: Incarcerated this a.m. Apparently he was involved in an altercation with the police and was bitten by the police dogs.

PE: He has multiple bites on the right upper extremity, some on his scalp. He was seen in the ER where he was evaluated. He was prescribed KEFLEX and LORCET, which we will start. Patient has no evidence of infection. He has full ROM of the right upper extremity.

A: and P:

1. Follow up dog bites. Proceed with medications as mentioned above.
2. Also patient is an IDDM and has not had his injection last night. Blood sugars are 435. Start NOVOLIN 70/30 30-units a.m. and 20-units p.m. He will check his blood sugars twice daily.
3. Patient also has a neuropathy. He takes ELAVIL 50 mg a.m. and p.m. We will continue that x 30 days.

A handwritten signature in black ink, appearing to be 'RW' or similar, located below the third list item.

DATE

NOTES

7/1/03 Seen by 1110 9/10 injection to L arm. Order
 07/06/03 B/S 287 per glucometer per Officer
 Abner —————
 07/07/03 B/S 489 per glucometer per Officer
 Supr. Mr. Allen monitoring, sliding scale
 Admin per self —————
 09/30/03 Above Person came to city jail
 0645 with dressing to right arm
 0800 Jumper, also picture to head
 bloody, directed to dressing
 several liters mark to right
 posterior arm. Pressure applied
 to control bleeding, he dressed in
 civilian dressing, B/S 435 per
 glucometer to insulin Admin per
 subject —————
 09/30/03 Seen by Dr. Hardy per P.R. and
 Hx from EL per Orders —————
 09/30/03 Dressing to right upper arm
 0930 saturated with bright red blood
 sensitive to touch. Dressing to left
 dressing to left side Admin per

DATE: 9/30/2003

YOUR DIAGNOSIS / CARE NOTES

- 1.) Right Ankle Fracture
- 2.) Right Elbow Fracture
- 3.) Internal Hemorrhage R Elbow

Treatment Rendered:

- ☒ X-Ray ☐ EKG ☐ Medication ☐ Tetanus
☐ Sutured ☐ Lab Test ☒ Exam ☐ Hypertet

- ☐ You were given a medication which may make you sleepy or less alert. You should not drive, operate heavy machinery or drink alcohol for 24 hours.

☐ NO DRIVING TODAY

- ☐ You were given a prescription for an antibiotic. You are to take it until gone unless otherwise instructed. Continue taking even if symptoms disappear.

- ☐ If your pain is not adequately relieved or you are having persistent nausea or vomiting or excessive drowsiness please call your physician or return to the Emergency Department.

IMPORTANT NOTICE: Your x-ray has been read and reviewed. Final review by the radiologist is pending. Follow up with your Primary care doctor for final interpretation.

Follow-up with

☐ Your Doctor: _____

☐ Return to Jackson ER on _____

We Are Referring You To:

Dr. Walcutt Call 274-9000

for an appointment on _____

If you become worse or do not get better in 1 - 2 days see the doctor treating you or return to the emergency department.

Instructions Received By:

J. James C. Welch
relationship to patient Self

☒ Voiced understanding of instructions

Patient Left:

- ☒ Ambulatory ☐ Crutches ☐ Stretcher
☐ Wheelchair ☐ With Driver ☐ Carried

[Signature] RN
Discharge Nurse

Specific Instructions:

Normal care

Strong R upper extremity

Free leg

Back to the ER for increased

pain, signs of infection or any wound

Marble MD
Discharge Physician

Certificate for Return
to Work or School

Jackson Hospital
Emergency Department

ACCOUNT# [REDACTED] M/R # 18-57-40

WELCH, JAMES C

SEX - M BORN [REDACTED] F/C B ED

LASENS, STEPHEN D. ROOM [REDACTED]

☐ NA

Has been under my care on 9/30/2003 and is able to

return to work / School on 10/01/2003 The Patient's work

limitations are: no driving, no use of arm

[Signature]
Discharge Physician

MRUN=18-57-40

Name=WELCH, JAMES C

DOB=

Sex=M

Loc/Svc=/OPS

Admit Date=07/06/2004

Discharge Date=07/06/2004

FINAL REPORT

REPORT OF OPERATION

DVI #184516

Bytescribe #0707-038

DATE OF OPERATION: July 6, 2004

PREOPERATIVE DIAGNOSIS: Right wrist ulnar neuropathy.

POSTOPERATIVE DIAGNOSIS: Right wrist ulnar neuropathy.

PROCEDURE: Right wrist ulnar nerve release at Guyon canal.

SURGEON: Dr. Walcott

ASSISTANT: Douglas J. Neil, Tech.

ANESTHESIA: Left axillary block.

COMPLICATIONS: None noted.

TOURNIQUET TIME: 19 minutes.

INDICATIONS: Mr. Welch fell on his right upper extremity about 9 months ago, landing on the palm of his hand and his wrist. He had pain, swelling and radial head fracture treated nonoperatively. He has developed progressive numbness of his small and ring fingers. He had a nerve conduction study that showed ulnar neuropathy at the wrist. He understood the risks, benefits, alternatives, diagnosis, treatment options, and after observing it for 9 months requested surgical treatment.

DESCRIPTION OF PROCEDURE: The patient was given IV antibiotics and axillary block in the holding area, placed in supine position with a tourniquet over stockinette on the upper arm. The arm was then prepped and draped under my supervision. Then elevated the arm, esmarched it, inflated the tourniquet to 220 mmHg and made an incision on the volar ulnar side of his wrist, about 3 to 4 cm in length and dissected down to Guyon canal and released the Guyon canal, visualizing the ulnar nerve and artery. There were no masses. The nerve was intact. After it was freed proximally and distally, I held pressure and deflated the tourniquet after 19 minutes and made sure there was no bleeding from any branches of the ulnar artery. Then closed the wound with near-far, far-near 4-0 nylon suture and simple nylon sutures and dressed the wound with Xeroform, 4 x 4's, ABDs, cast padding, and a small volar splint and

Name=WELCH, JAMES C

MRUN=18-57-40

Sex=M

Loc/Svc=/OPS

Admit Date=07/06/2004

FINAL REPORT

Discharge Date=07/06/2004

REPORT OF OPERATION

=====

took him to the recovery room in stable condition with no apparent complications. Excellent capillary refill in all digits.

Dictated By=WALCOTT, GEORGE D. JR. (MD)

D/T=07/06/2004 1254

Text Status=FINAL

Signed By=

D/T=

WALCOTT, GEORGE D. JR. (MD)

Transcribed By=TANKERSLEY, DIANE

D/T=07/07/2004 0650

ALABAMA ORTHOPAEDIC SPECIALISTS, P.A.
MEDICAL RECORDS HISTORY
PATIENT: 111245 JAMES C WELCH [REDACTED]
PRINTED 15:37:04 25 JUN 2004
PAGE 1

PROCESSED

06232004 Current Visit Dr 10 Recorded: 06252004 by 32 MMS/AR EAW
HISTORY OF PRESENT ILLNESS: Followup for his radial head fracture which is doing pretty well, but now, he has some progressive numbness in his small finger and ring finger. It has been going on since his injury, and he just thinks it is definitely getting worse instead of better. It has now been probably approaching 9 months since his injury. He has use of the arm, but he notices that his fingers feel like they want to curl up and he has a lot of weakness in the hand.

PHYSICAL EXAM: Today, he is nontender at his radial head. He is mildly tender at his ulnar nerve and has a positive Tinel's there. It does not subluxate. He is mildly tender at his medial epicondyle. No gross instability on valgus stress. Full pronation and full supination. Full range of motion of the elbow. Distally, he has 5- to 4+ finger abduction and finger cross strength on the right compared to the left.

X-RAYS: AP and lateral of the right elbow show what looks like still a visible radial head fracture with about 1 mm or less of displacement and acceptable alignment. It looks to be healing well. He has mild arthrosis in the elbow and no other abnormality.

IMPRESSION: Right radial head fracture 9 months out now with progressive ulnar nerve symptoms.

PLAN: I told him I would get a nerve conduction study/EMG. If he has significant ulnar nerve compression possibly as a result of a traction injury or his soft tissue edema after his elbow fracture then he might need to have ulnar nerve decompression or transposition. We will see him back as soon as we get the test done. He can continue normal activities for right now.

GDW/lg 06-24-04

CC: Worker's Comp Carrier
Dr. Michael Turner _ Thank You

James Welch

James Welch, Gender: M, [REDACTED] Encounter Date and Time: 6/21/2004 07:46AM, Examiner: Michael C. Turner, Do

PROCESSED

Chief complaint

The Chief Complaint is: Elbow pain/jep.

History of present illness

- Elbow joint pain and elbow joint pain.
- A burning sensation and a burning sensation.

Past medical/surgical history

Reported History:

Reported medications: Antibiotic from his dermatologist A recent immunization for tetanus - 1/01/2001.

Medical: No reported medical history.

Physical trauma: Physical trauma - 9/30/2003 Pt states that he was injured w/ trying to to a car and fell on his rt elbow breaking the head of his radius. Pt was treated by Dr. Walcott w/ a sleeve and braces for about 1 month. Pt was released back to full duty but is in today c/o of pain in the same elbow. Pt states that now when he supinates his rt hand he has a shooting pain that shoots up his arm. Pt states that with in the past 2 months he has started having numbness in his 3rd-5th digits on his rt hand. Pt states that it is a constant numbness in his fingers. Pt states that he was trying tuff it out but the pain has gotten to back. Pt states that there is nothing he can due to help relieve his pain or sx. Pt has been taking Tylenol for his pain.

Surgical / procedural: Surgical / procedural history [REDACTED]

Personal history

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Physical findings

Vital signs:

- Weight was 231 lbs.

Patient has pain with supination of the arm. He states he has numbness to the 4th and 5th digits of the hand now and he is losing his strength.

Allergies

No allergies.

Plan

Patient is sent back to Dr. Walcott for further evaluation of this elbow which was fractured and is now experiencing parasthesias.

NEUROLOGY CONSULTANTS OF MONTGOMERY, P.C.
P. Caudill Miller, M.D. • Ben C. Wouters, M.D., Ph.D. • LARRY W. EPPERSON, M.D.
Electrodiagnostic Laboratory
1722 Pine Street, Suite 700 • Montgomery, Alabama 36106
Phone (334)834-1300 • Fax (334)834-8347

PROCESSED

NAME: WELCH, JAMES [REDACTED] REQUESTING PHYSICIAN: WALCOTT

AGE: 32 SEX: MALE DATE OF EMG: 6/24/04

PHYSICIAN: EPPERSON HOSPITAL MEDICAL RECORD NO:

CLINICAL:

NAME OF TEST: ☐ Nerve conduction velocity ☐ Needle EMG study ☐ Others (specify)

REPORT OF ELECTRODIAGNOSTIC STUDY

Summary of Findings*:

CLINICAL NOTE:

Patient is a 32-year-old white male who complains with numbness of his right hand and has history of fracture of his right radius in the past.

NCV:

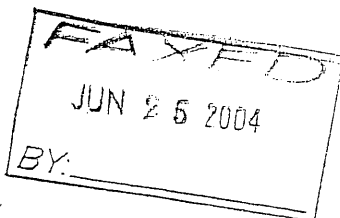
1. Slow finger to wrist segment of the right ulnar sensory nerve.
2. Prolonged terminal latency of the right ulnar motor nerve.
3. Normal NCV's of all motor segments tested of the right upper extremity.

EMG:

1. Normal needle EMG's of all muscles tested in the right upper extremity.

There is electrophysiological evidence of a mild distal ulnar neuropathy at the right wrist. There is no evidence of an entrapment neuropathy otherwise in the right upper extremity. There is no electrophysiological evidence of a cervical radiculopathy in the right upper extremity.

LWE/rie



Signature

ABBREVIATIONS: NCV: Nerve conduction velocity
MUP: Motor unit potentials

*See attached page for detailed analysis

PCW-003 (7/97)

LABAMA ORTHOPAEDIC SPE ALISTS, P.A.
EDICAL RECORDS HISTORY
PATIENT: 111245 JAMES C WELCH [REDACTED]
PRINTED 14:40:41 02 JUL 2004
PAGE 1

PROCESSED

6302004 Current Visit Dr 10 Recorded: 07012004 by 40 MWS.AR EAW
HISTORY OF PRESENT ILLNESS: He is here for followup for his
numbness in the small and ring fingers. He says it has not
really changed. He had the nerve test and the results from his
EMG/nerve conduction study on 6-24-04 show mild distal ulnar
neuropathy at the right wrist. No evidence of entrapment
neuropathy otherwise at the elbow and no cervical radiculopathy.

PHYSICAL EXAM: He is mildly tender at the Guyon_s canal and
mildly tender at the elbow.

IMPRESSION: Right ulnar neuropathy at the wrist for just over 6
months after trauma to his right upper extremity with a fall on
his right upper extremity that resulted in a radial head
fracture.

PLAN: Right now, he feels like he has waited a long time to see
if it would get better. He has been taking B vitamins and
nothing seems to help it. It is a thing that he is aware of it
all the time. I have told him his options are living it for
awhile and see if it gets worse or contemplating surgery which
would be an ulnar nerve release at Guyon_s canal. It would be an
outpatient surgery. The main risks would be infection and nerve
injury. He would have to have sutures in for about 2 weeks and
would have to be on light duty with a splint or dressing on his
hand for the first 2 weeks and then possibly light duty for a
week or two after that until the wound is fully healed. We will
try to set that up next week probably on Tuesday afternoon. I
think that this is related to his injury where he fell on his
right upper extremity with enough force to break his radial head.
It could have been local trauma to the palm of his hand at the
time. Since that fall was a severe enough injury with being
dragged by a car and falling hard enough to break his elbow, I
think it is likely that it was a localized contusion that caused
swelling at the wrist.

GDW/lg 07-01-04

CC: Worker_s Comp Carrier

WELCH, JAMES C.

111245

07-20-04

DR. WALCOTT

C

HISTORY OF PRESENT ILLNESS: Right hand Guyon's canal release. He says it still has no numbness in his fingers and it feels much better.

PHYSICAL EXAM: He has full range of motion and normal function and neurovascular exam. Minimal swelling. I removed the stitches today. The wound looks good. No sign of infection.

IMPRESSION: Doing well.

PLAN: He wants to go back to regular duty. I have said it is okay to go back on Friday for regular duty. He is still going to avoid putting direct pressure on the hand if he can. Right now, he has normal range of motion and normal strength. I will see him back for any problems. He should report any kind of significant problems he is having with it over the next couple of months and let me know. Based on today's exam, he has normal strength and normal range of motion. I anticipate he will have no permanent partial impairment and is approaching MMI.

GDW/lg 07-20-04

CC: Worker's Comp Carrier

*

File
WELCH, JAMES S.

111245

06-23-04

DR. WALCOTT

C

HISTORY OF PRESENT ILLNESS: Followup for his radial head fracture which is doing pretty well, but now, he has some progressive numbness in his small finger and ring finger. It has been going on since his injury, and he just thinks it is definitely getting worse instead of better. It has now been probably approaching 9 months since his injury. He has use of the arm, but he notices that his fingers feel like they want to curl up and he has a lot of weakness in the hand.

PHYSICAL EXAM: Today, he is nontender at his radial head. He is mildly tender at his ulnar nerve and has a positive Tinel's there. It does not subluxate. He is mildly tender at his medial epicondyle. No gross instability on valgus stress. Full pronation and full supination. Full range of motion of the elbow. Distally, he has 5- to 4+ finger abduction and finger cross strength on the right compared to the left.

X-RAYS: AP and lateral of the right elbow show what looks like still a visible radial head fracture with about 1 mm or less of displacement and acceptable alignment. It looks to be healing well. He has mild arthrosis in the elbow and no other abnormality.

IMPRESSION: Right radial head fracture 9 months out now with progressive ulnar nerve symptoms.

PLAN: I told him I would get a nerve conduction study/EMG. If he has significant ulnar nerve compression possibly as a result of a traction injury or his soft tissue edema after his elbow fracture then he might need to have ulnar nerve decompression or transposition. We will see him back as soon as we get the test done. He can continue normal activities for right now.

GDW/lg 06-24-04

CC: Worker's Comp Carrier

Dr. Michael Turner - Thank You

WELCH, JAMES C.

111245

07-13-04

DR. WALCOTT

C

HISTORY OF PRESENT ILLNESS: Followup for S Guyon's canal release at the right wrist.

PHYSICAL EXAM: He looks good. The wound looks good. No sign of infection. He is neurovascularly intact with his ulnar nerve. He has good finger cross.

IMPRESSION: Doing well.

PLAN: We are going to leave the stitches in today and put a soft dressing on it and tell him to still stay at light-duty status that he is currently on with no heavy lifting with the right hand. I will see him back in a week. If the wound looks good then, I will take his stitches out.

GDW/lg 07-14-04

CC: Worker's Comp Carrier

WELCH, JAMES C.

111245

10-28-03

DR. WALCOTT

C

HISTORY OF PRESENT ILLNESS: He is 4 weeks out radial head fracture nondisplaced. He says he feels well enough to go back to normal duty now. He says it is not really painful. He can do push-ups now.

PHYSICAL EXAM: Today, he has motion from 5-135. He can supinate 80 and pronate 80. Neurovascularly intact distally. Nontender at his radial head.

X-RAYS: AP and lateral show this nondisplaced radial head fracture that looks to be healing.

IMPRESSION: Nondisplaced healing radial head fracture.

PLAN: He wants to go back to work. He is asymptomatic apparently and I cannot elicit any tenderness, and he has normal range of motion and can do push-ups. I told him it is okay to go back to regular duty, although if he has pain that he thinks would limit him from doing his normal activities, I would be worried about him doing his particular job. He thinks he is okay. We will let him go back to regular duty and see him back for a final followup in 1 month with repeat AP and lateral x-rays of the right elbow to make sure he has normal motion and strength and that he does not have any significant impairment rating.

GDW/lg 10-29-03

CC: Worker's Comp Carrier

*

RECEIVED

OCT 31 2003

CITY OF MONTGOMERY
WORKERS COMP.

ALABAMA ORTHOPAEDIC SPECIALISTS, P.A.
MEDICAL RECORDS HISTORY
PATIENT: 111245 JAMES C WELCH
PRINTED 09:41:55 30 OCT 2003
AGE 1

PROCESSED

0282003 Current Visit Dr 10 Recorded: 10292003 by 28 MWS.AR EAW
HISTORY OF PRESENT ILLNESS: He is 4 weeks out radial head
fracture nondisplaced. He says he feels well enough to go back
to normal duty now. He says it is not really painful. He can do
push-ups now.

PHYSICAL EXAM: Today, he has motion from 5-135. He can supinate
30 and pronate 80. Neurovascularly intact distally. Nontender
at his radial head.

X-RAYS: AP and lateral show this nondisplaced radial head
fracture that looks to be healing.

IMPRESSION: Nondisplaced healing radial head fracture.

PLAN: He wants to go back to work. He is asymptomatic
apparently and I cannot elicit any tenderness, and he has normal
range of motion and can do push-ups. I told him it is okay to go
back to regular duty, although if he has pain that he thinks
would limit him from doing his normal activities, I would be
worried about him doing his particular job. He thinks he is
okay. We will let him go back to regular duty and see him back
for a final followup in 1 month with repeat AP and lateral x-rays
of the right elbow to make sure he has normal motion and strength
and that he does not have any significant impairment rating.

GDW/lg 10-29-03

CC: Worker_s Comp Carrier

LABAMA ORTHOPAEDIC SPECIALISTS, P.A.
MEDICAL RECORDS HISTORY
PATIENT: 111245 JAMES C WELCH [REDACTED]
PRINTED 16:25:58 16 OCT 2003
AGE 1

Processed

0142003 Current Visit Dr 10 Recorded: 10152003 by 15 MWS.AR EAW
HISTORY OF PRESENT ILLNESS: Followup for a radial head fracture
weeks out now in this police officer.

PHYSICAL EXAM: He looks a lot better. He has less tenderness at
the lateral elbow and less tenderness at the medial elbow. He
has some pain that goes down to his wrist. He is neurovascularly
intact distally at the wrist. No instability noted at the wrist.
For his motion today, he can extend it to 5 degrees and flex it
to 135 and pronate 80 and supinate 80.

X-RAYS: Five views of the elbow show a nondisplaced radial head
fracture that is more clearly delineated today. There also might
be a small avulsion off the medial side of his elbow, but it is
nondisplaced.

IMPRESSION: Right elbow radial head fracture.

PLAN: I told him I would free this brace up so it will bend and
straighten completely and let him go to full range of motion. I
would not do any lifting with it yet. I would reexamine him in 2
weeks and can re-x-ray him then, AP and lateral of his right
elbow. If everything looks good then, we will talk about
increasing his work status. For right now, he would still need
to be a light duty type of job.

GDW/lg 10-15-03

CC: Worker_s Comp Carrier

ALABAMA ORTHOPAEDIC SPECIALISTS, P.A.
MEDICAL RECORDS HISTORY
PATIENT: 111245 JAMES C WELCH [REDACTED]
PRINTED 13:58:18 02 OCT 2003
PAGE 1

09302003 Current Visit Dr 10 Recorded: 10012003 by 28 MWS.AR EAW
HISTORY OF PRESENT ILLNESS: He has an injury to his right elbow.
He is a police officer in Montgomery who injured his right elbow
earlier today. He was trying to stop a suspect in a stolen
vehicle and he had the person and they took off and they dragged
him some. He landed on his right arm and elbow. He had pain and
was seen in the emergency room this morning at Jackson Hospital
for x-rays. They told him he might have a fracture but they were
not sure. He is here for evaluation. No other major injuries
reported to me right now. His medical doctor is Dr. Eric Graves.
He is referred by Dr. ___ from the emergency room.

ALLERGIES: None.

MEDICATIONS: None.

PAST SURGICAL HISTORY: [REDACTED]

FAMILY HISTORY: [REDACTED]

PAST MEDICAL HISTORY: Negative.

PHYSICAL EXAM: Right elbow: He has abrasions over the right
lateral part of his elbow. No open wounds that would be
penetrating the skin. He is neurovascularly intact distally. He
has a 2+ radial pulse. Intact anterior interosseous, posterior
interosseous, median, and ulnar nerve function at the hand. He
is very tender at his radial head. He can flex it to about 100
but it is painful. He can extend it to 45 but it is painful. He
can pronate 80 and supinate 80 but those are all painful. It is
most painful at his lateral elbow.

X-RAYS: Limited views in AP, lateral, and some obliques show a
nondisplaced radial head involving about one-third or less of the
articular surface.

IMPRESSION: Nondisplaced radial head fracture.

PLAN: Because of his pain, I would immobilize him for about a
week in a long arm posterior splint for comfort. I will see him
back in a week, reexamine him, get repeat AP, lateral, and
radiocapitellar views of the elbow to make sure the fracture is
still well lined up, and then just get him an Ace wrap bandage
and let him start moving it some. For work right now, he has to
be light duty like desk job duty. He cannot use his right arm
for anything other than holding a pen if that is possible. It is
probably going to take 6 or 8 weeks minimum for the fracture to
heal. He understands that plan.

GDW/lg 10-01-03

CC: Worker_s Comp Carrier

LABAMA ORTHOPAEDIC SPECIALISTS, P.A.
MEDICAL RECORDS HISTORY
PATIENT: 111245 JAMES C WELCH [REDACTED]
PRINTED 10:26:18 09 OCT 2003
PAGE 1

10072003 Current Visit Dr 10 Recorded: 10082003 by 20 MWS.AR EAW
HISTORY OF PRESENT ILLNESS: He has the right elbow injury and
radial head fracture. He looks pretty good.

PHYSICAL EXAM: In his long arm posterior splint, he is
comfortable today. He is neurovascularly intact. He goes from
70 degrees to flexing it to 125. He can pronate 80 and supinate
80, but it is painful at extremes. He is neurovascularly intact.
He is tender laterally at his radial head and somewhat up at his
capitellum area. There is no crepitus that I can feel and no
block to mechanical motion that I can appreciate.

X-RAYS: AP and lateral show a nondisplaced radial head fracture.
There is a questionable small irregularity that could be at the
end of his humerus, but I do not see any obvious capitellum
fracture.

IMPRESSION: Radial head fracture.

PLAN: I would continue to treat him nonoperatively for the
radial head fracture that is nondisplaced with getting him a
hinged elbow brace right now that will block his extension at
about 60 degrees and let him take it off and work on range of
motion frequently. He will still have to be light duty,
sedentary type of work. I will see him back in a week and check
one more set of x-rays, AP, lateral, and try to get an oblique
view of his radiocapitellar joint when he comes back. If that
looks normal then we will just increase his range of motion.

GDW/lg 10-08-03

CC: Worker_s Comp Carrier

WELCH, JAMES C.

111245

10-07-03

DR. WALCOTT

C

HISTORY OF PRESENT ILLNESS: He has the right elbow injury and radial head fracture. He looks pretty good.

PHYSICAL EXAM: In his long arm posterior splint, he is comfortable today. He is neurovascularly intact. He goes from 70 degrees to flexing it to 125. He can pronate 80 and supinate 80, but it is painful at extremes. He is neurovascularly intact. He is tender laterally at his radial head and somewhat up at his capitellum area. There is no crepitus that I can feel and no block to mechanical motion that I can appreciate.

X-RAYS: AP and lateral show a nondisplaced radial head fracture. There is a questionable small irregularity that could be at the end of his humerus, but I do not see any obvious capitellum fracture.

IMPRESSION: Radial head fracture.

PLAN: I would continue to treat him nonoperatively for the radial head fracture that is nondisplaced with getting him a hinged elbow brace right now that will block his extension at about 60 degrees and let him take it off and work on range of motion frequently. He will still have to be light duty, sedentary type of work. I will see him back in a week and check one more set of x-rays, AP, lateral, and try to get an oblique view of his radiocapitellar joint when he comes back. If that looks normal then we will just increase his range of motion.

GDW/lg 10-08-03

CC: Worker's Comp Carrier

*